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March 16, 2004

Mail Stop PATENT APPLICATION

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

VIA EXPRESS MAIL

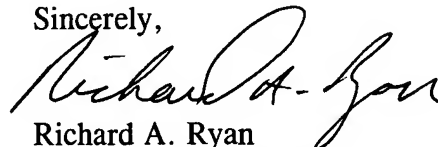
EF 396250014 US

Re: New Patent Application - Docket No. RAR445.02

Dear Sir or Madam:

Transmitted herewith is the new patent application for Simon Charles Simonian, inventor, entitled: Material Bender.

Sincerely,



Richard A. Ryan

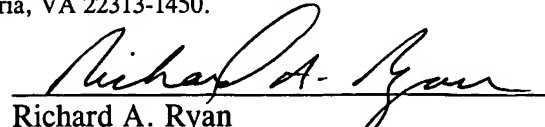
PTO Reg. No. 39,014

- Enclosures:
1. Check in the amount of \$394.00
 2. Patent Application Transmittal Letter
 3. 29 pages of description, claims & abstract
 4. Five (5) sheets of informal drawings
 5. Executed Declaration (w/Power of Attorney & Small Entity Statement)
 6. IDS w/ cover sheet and 10 references
 7. Stamped, self-addressed return postcard

Certificate of Express Mailing - 37 C.F.R. § 1.10

Express Mail Label No.: EF396250014US Date of Deposit: 3/16/2004

I hereby certify that the papers and/or fees identified in this letter are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to Mail Stop PATENT APPLICATION, Commissioner for Patents, Alexandria, VA 22313-1450.



Richard A. Ryan

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11607 U.S. PAT. & TM. OFF.

PATENT APPLICATION TRANSMITTAL LETTER

Docket Number

RAR445.02

To the Commissioner of Patents and Trademarks:

Transmitted herewith for filing is the patent application of:

Inventor(s): Simon Charles SimonianFor (title): Material Bender

Enclosed are:

- ☒ 29 pages of written description, claims and abstract.
☒ 5 sheets of informal drawings.
☐ an assignment of the invention to _____
☒ executed declaration of the inventor(s).
☐ a certified copy of a _____ application.
☒ power of attorney.
☒ a verified statement to establish small entity status under 37 CFR 1.9 and 1.27.
☒ information disclosure statement
☐ preliminary amendment
☐ other: _____

CLAIMS AS FILED

	NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE			\$770	\$770
TOTAL CLAIMS	21-20 =	* 1	x\$18	\$ 18
INDEPENDENT CLAIMS	3- 3 =	* 0	x\$84	0
MULTIPLE DEPENDENT CLAIM PRESENT			\$280	N/A
* NUMBER EXTRA MUST BE ZERO OR LARGER		TOTAL		\$ 788
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	\$ 394

- ☒ A check in the amount of \$ 394.00 to cover the filing fee is enclosed.
☐ The Commissioner is hereby authorized to charge and credit Deposit Account No. _____ as described below. I have enclosed a duplicate copy of this sheet.
- ☐ Charge the amount of \$ _____ as filing fee.
☐ Credit any overpayment.
☐ Charge any additional filing fees required under 37 CFR 1.16 and 1.17.
☐ Charge the issue fee set in 37 CFR 1.18 at the mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

3/16/2004
Date

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